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|   | FORM 1)(1)  |  | United<br>No                                |   |   | ruptcy<br>of Illino                  |   |   |   |  | Volunta   | ary Petition   |
|---|---|--|---|---|---|--------------------------------------|---|---|---|--|---|--|
| Name of De<br>Wilberg,  | ebtor (if ind<br>, Emily F                                  |  | er Last, Firs                               | t, Middle):   |   |                                      | Nam   | e of Joint De   | ebtor (Spouse   | e) (Last, First  | t, Middle):   |  |
| All Other Na  |   |  |   | t 8 years   |   |                                      | All C<br>(inclu   | ther Names  | used by the J<br>maiden, and  | Joint Debtor<br>trade names  | in the last 8 years                                     |  |
| Last four dig   | one, state all)   |  | vidual-Tax <sub>I</sub>                     | oayer I.D. (  | (ITIN) No./                                 | Complete E                           |   | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) |   |  |   | N) No./Complete EIN                                    |
| Street Addre  | ess of Debto  | *  | Street, City,                               | and State)  | ):  | ZIP Code                             |   | t Address of  | f Joint Debtor  | (No. and St  | reet, City, and Stat                                    | ziP Code   |
|   |   |  |   |   |   | 60543                                |   |   |   |  |   | ZIF Code   |
| County of R<br><b>Kendall</b>   | esidence or   | of the Prin                                    | cipal Place                                 | of Busines:   | s:  |                                      | Coun  | ty of Reside  | ence or of the  | Principal Pl   | ace of Business:  |  |
| Mailing Add   | lress of Deb  | otor (if diffe                                 | rent from st                                | reet addres   | ss):  |                                      | Maili   | ng Address  | of Joint Debt   | or (if differe   | ent from street addr                                    | ress):   |
|   |   |  |   |   | Г   | ZIP Code                             | :   |   |   |  |   | ZIP Code   |
| Location of (if different)  |   |  |   | or  | <b>,</b>                                    |                                      | •   |   |   |  |   | •  |
| ☐ Individual (includes Joint Debtors)  See Exhibit D on page 2 of this form. ☐ Corporation (includes LLC and LLP) ☐ Partnership ☐ Other (If debtor is not one of the above entities, check this box and state type of entity below.) ☐ Detund |   |  | ☐ Sing in 1 ☐ Rail ☐ Stoo                   | Nature of Business (Check one box)  Health Care Business Single Asset Real Estate as defin in 11 U.S.C. § 101 (51B) Railroad Stockbroker Commodity Broker Clearing Bank Other |   |                                      | ☐ Chapt☐ Chapt☐ Chapt☐ Chapt☐ Chapt☐                              | the I<br>ter 7<br>ter 9<br>ter 11<br>ter 12   | Petition is F   | ptcy Code Under<br>iled (Check one be<br>chapter 15 Petition<br>f a Foreign Main P<br>chapter 15 Petition<br>f a Foreign Nonma | for Recognition<br>Proceeding<br>for Recognition        |  |
|   |   |  | (Check box<br>otor is a tax-<br>er Title 26 | empt Entity<br>a, if applicable<br>exempt orgof the Unite<br>al Revenu  | e)<br>anization<br>d States                 | defined<br>"incum                    | are primarily cod in 11 U.S.C. § red by an indivioual, family, or | onsumer debts<br>§ 101(8) as<br>idual primarily   | y for   | Debts are primarily business debts.  |   |  |
|   |   | 0  | ee (Check o                                 | one box)  |   |                                      |   | k one box:  |   | Chapter 11   | <b>Debtors</b> s defined in 11 U.S                      | C ( 101/51D)   |
| is unable   | ee to be paid<br>gned applice<br>to pay fee<br>ee waiver re | d in installm<br>ation for the<br>except in in | e court's cornstallments.                   | nsideration<br>Rule 1006<br>chapter 7 is  | certifying t<br>(b). See Offi<br>ndividuals | hat the debicial Form 3A only). Must | Chec<br>Chec  | Debtor is k if: Debtor's a to insider k all applica A plan is Acceptance  | aggregate nor<br>s or affiliates)<br>able boxes:<br>being filed w<br>ces of the pla | usiness debt<br>necontingent l<br>o are less that<br>ith this petiti<br>n were solici  | or as defined in 11 liquidated debts (e: n \$2,190,000. | U.S.C. § 101(51D).  xcluding debts owed  m one or more |
| Statistical/A   |   |  |   | *** Lorra   | aine M. G                                   | reenberg                             | ARD0<br>editors.  |   | 129023 ***  |  | with 11 U.S.C. § 1<br>S SPACE IS FOR CO                 |  |
| Debtor e there wil  | stimates that<br>I be no fund                               | at, after any<br>ds available                  | exempt pro<br>for distribu                  | perty is ex<br>tion to uns  | cluded and<br>secured cred                  | administrat<br>litors.               | ive expens  | es paid,  |   |  |   |  |
| Estimated No.   | umber of C  50- 99  | reditors  100- 199                             | 200-<br>999                                 | 1,000-<br>5,000   | 5,001-<br>10,000                            | 10,001-<br>25,000                    | 25,001-<br>50,000   | 50,001-<br>100,000  | OVER 100,000  |  |   |  |
| Estimated A  So to \$50,000   | \$50,001 to<br>\$100,000                                    | \$100,001 to<br>\$500,000                      | \$500,001<br>to \$1<br>million              | \$1,000,001<br>to \$10<br>million   | \$10,000,001<br>to \$50<br>million          | \$50,000,001<br>to \$100<br>million  | \$100,000,000 to \$500 million                                    | 1 \$500,000,001<br>to \$1 billion   |   |  |   |  |
| Estimated Li \$0 to \$50,000  | \$50,001 to<br>\$100,000                                    | \$100,001 to<br>\$500,000                      | \$500,001<br>to \$1                         | \$1,000,001<br>to \$10<br>million   | \$10,000,001<br>to \$50<br>million          | \$50,000,001 to \$100 million        | \$100,000,000 to \$500 million                                    | 1 \$500,000,001<br>to \$1 billion   |   |  |   |  |

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B1 (Official Form 1)(1/08) Page 2 Name of Debtor(s): Voluntary Petition Wilberg, Emily Faye (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Location Case Number: Date Filed: Where Filed: - None -Location Date Filed: Case Number: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I (To be completed if debtor is required to file periodic reports (e.g., have informed the petitioner that [he or she] may proceed under chapter 7, 11, forms 10K and 10Q) with the Securities and Exchange Commission 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X /s/ Lorraine M. Greenberg ARDC **Re**bruary 11, 2009 Signature of Attorney for Debtor(s) Lorraine M. Greenberg ARDC No.: 03129023 Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. П Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

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## Voluntary Petition

(This page must be completed and filed in every case)

#### Signatures

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

### X /s/ Emily Faye Wilberg

Signature of Debtor Emily Fave Wilberg

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

February 11, 2009

Date

#### Signature of Attorney\*

### X /s/ Lorraine M. Greenberg ARDC No.:

Signature of Attorney for Debtor(s)

#### Lorraine M. Greenberg ARDC No.: 03129023

Printed Name of Attorney for Debtor(s)

#### Lorraine M. Greenberg

Firm Name

20 E. Jackson Blvd. Suite 800 Chicago, IL 60604

Address

## Email: Igreenberg@greenberglaw.net

312-408-0007 Fax: 312-264-5620

Telephone Number

#### February 11, 2009

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

#### Signature of a Foreign Representative

Page 3

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

Name of Debtor(s):

Wilberg, Emily Faye

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

| v |  |  |  |
|---|--|--|--|
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |

Date

Address

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

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B 1D(Official Form 1, Exhibit D) (12/08)

## **United States Bankruptcy Court** Northern District of Illinois

| In re | Emily Faye Wilberg |           | Case No. |   |
|-------|--------------------|-----------|----------|---|
|       |                    | Debtor(s) | Chapter  | 7 |
|       |                    |           |          | · |

## EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] \_\_\_\_

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

□ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

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| B 1D(Official Form 1, Exhibit D) (12/08) - Cont.   |
|--|
| ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or   |
| mental deficiency so as to be incapable of realizing and making rational decisions with respect to   |
| financial responsibilities.);  |
| ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being  |
| unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or  |
| through the Internet.);  |
| ☐ Active military duty in a military combat zone.  |
| $\Box$ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district. |
| I certify under penalty of perjury that the information provided above is true and correct.  |
| Signature of Debtor: /s/ Emily Faye Wilberg Emily Faye Wilberg   |
| Date: February 11, 2009  |

or

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B6 Summary (Official Form 6 - Summary) (12/07)

# **United States Bankruptcy Court Northern District of Illinois**

| In re | Emily Faye Wilberg |          | Case No. |   |
|-------|--------------------|----------|----------|---|
| _     |                    | Debtor , |          |   |
|       |                    |          | Chapter  | 7 |
|       |                    |          |          |   |

## **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES | OTHER    |
|--|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property  | Yes                  | 1                | 175,000.00        |             |          |
| B - Personal Property  | Yes                  | 3                | 17,049.68         |             |          |
| C - Property Claimed as Exempt   | Yes                  | 1                |                   |             |          |
| D - Creditors Holding Secured Claims   | Yes                  | 2                |                   | 175,004.00  |          |
| E - Creditors Holding Unsecured<br>Priority Claims (Total of Claims on Schedule E) | Yes                  | 1                |                   | 0.00        |          |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | Yes                  | 11               |                   | 94,993.79   |          |
| G - Executory Contracts and<br>Unexpired Leases                                    | Yes                  | 1                |                   |             |          |
| H - Codebtors  | Yes                  | 1                |                   |             |          |
| I - Current Income of Individual<br>Debtor(s)                                      | Yes                  | 1                |                   |             | 2,749.58 |
| J - Current Expenditures of Individual<br>Debtor(s)                                | Yes                  | 2                |                   |             | 2,787.54 |
| Total Number of Sheets of ALL Schedu   | ıles                 | 24               |                   |             |          |
|  | T                    | otal Assets      | 192,049.68        |             |          |
|  |                      |                  | Total Liabilities | 269,997.79  |          |

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Form 6 - Statistical Summary (12/07)

# **United States Bankruptcy Court Northern District of Illinois**

| In re | Emily Faye Wilberg |        | Case No |   |
|-------|--------------------|--------|---------|---|
|       |                    | Debtor | ,       |   |
|       |                    |        | Chapter | 7 |

# STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C.  $\S$  159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount    |
|---|-----------|
| Domestic Support Obligations (from Schedule E)  | 0.00      |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | 0.00      |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00      |
| Student Loan Obligations (from Schedule F)  | 50,329.00 |
| Domestic Support, Separation Agreement, and Divorce Decree<br>Obligations Not Reported on Schedule E                | 0.00      |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | 0.00      |
| TOTAL   | 50,329.00 |

#### State the following:

| Average Income (from Schedule I, Line 16)  | 2,749.58 |
|--|----------|
| Average Expenses (from Schedule J, Line 18)  | 2,787.54 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20) | 3,279.25 |

### State the following:

|  |      | _         |
|--|------|-----------|
| Total from Schedule D, "UNSECURED PORTION, IF ANY" column                  |      | 2,247.00  |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | 0.00 |           |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |      | 0.00      |
| 4. Total from Schedule F   |      | 94,993.79 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |      | 97,240.79 |

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B6A (Official Form 6A) (12/07)

| In re | Emily Faye Wilberg | (      | Case No |
|-------|--------------------|--------|---------|
|       |                    | Debtor |         |

### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and **Unexpired Leases.** 

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| two bedroom condomin | nium, purchased 8/07; pp: | Homestead                                  | _   | 175.000.00   | 157.757.00                 |
|----------------------|---------------------------|--|---|--|----------------------------|
| Description an       | nd Location of Property   | Nature of Debtor's<br>Interest in Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in<br>Property, without<br>Deducting any Secured<br>Claim or Exemption | Amount of<br>Secured Claim |

Location: 485 Valentine Way, Oswego IL

Sub-Total > 175,000.00 (Total of this page)

175,000.00

Total >

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B6B (Official Form 6B) (12/07)

| In re | Emily Faye Wilberg |        | Case No. |  |
|-------|--------------------|--------|----------|--|
| _     |                    | Debtor | ,        |  |

### **SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|     | Type of Property  | N O N Description and Location of Property E  | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|---|---|---|
| 1.  | Cash on hand  | cash on hand  | -   | 30.00   |
| 2.  |   | checking account at Chase Bank  | -   | 11.06   |
|     | accounts, certificates of deposit, or<br>shares in banks, savings and loan,<br>thrift, building and loan, and<br>homestead associations, or credit<br>unions, brokerage houses, or<br>cooperatives. | checking & savings at Citibank  | -   | 1,350.00  |
| 3.  | Security deposits with public utilities, telephone companies, landlords, and others.  | Х   |   |   |
| 4.  | Household goods and furnishings, including audio, video, and computer equipment.  | household goods and furnishings; linens, dishes, pots & pans, housewares; tv, washer, dryer, stove, refrigerator, beds, tables, chairs, lamps, sofa, dressers, bicycle, stereo, dvd player, couch, computer, desk, small appliances | -   | 2,000.00  |
| 5.  | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.  | books, pictures   | -   | 200.00  |
| 6.  | Wearing apparel.  | necessary personal clothing; bible; textbooks; pictures   | -   | 500.00  |
| 7.  | Furs and jewelry.   | x   |   |   |
| 8.  | Firearms and sports, photographic, and other hobby equipment.   | camera equipment  | -   | 50.00   |
| 9.  | Interests in insurance policies.<br>Name insurance company of each<br>policy and itemize surrender or<br>refund value of each.  | Thrivent Financial for Lutherans  | -   | 868.62  |
| 10. | Annuities. Itemize and name each issuer.  | х   |   |   |
|     |   | (Total  | Sub-Total of this page)                     | al > 5,009.68   |

**2** continuation sheets attached to the Schedule of Personal Property

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 $B6B\ (Official\ Form\ 6B)\ (12/07)$  - Cont.

| Type of Property  Type of Property  Type of Property  Type of Property  Description and Location of Property  Description and Location of Property  Type of Property  Type of Property  Description and Location of Property  Type of Property  Type of Property  Description and Location of Property  Type of Property  Type of Property  Description and Location of Property  Type of Property  Type of Property  Type of Property  Description and Location of Property  Type of Property  Description and Location of Property  Type o |   |  |
|--|---|--|
| Type of Property  O N E  Description and Location of Property  Interests in an education IRA as defined in 26 U.S.C. § 529(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). It U.S.C. § 521(c).)  II. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.  II. Stock and interests in incorporated and unincorporated businesses. Itemize.  II. Interests in partnerships or joint ventures. Itemize.  III. Osovernment and corporate bonds and other negotiable and nonnegotiable instruments.  III. Accounts receivable.  X  X  X  X  X  X  X  X  X  X  X  X  X  | <b>CY</b>                                   |  |
| defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)  12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.  13. Stock and interests in incorporated and unincorporated businesses. Itemize.  14. Interests in partnerships or joint ventures. Itemize.  15. Government and corporate bonds and other negotiable and nonnegotiable instruments.  16. Accounts receivable.  17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  18. Other liquidated debts owed to debtor including tax refunds. Give particulars.  19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property<br>without Deducting any<br>Secured Claim or Exemption |
| other pension or profit sharing plans. Give particulars.  13. Stock and interests in incorporated and unincorporated businesses. Itemize.  14. Interests in partnerships or joint ventures. Itemize.  15. Government and corporate bonds and other negotiable and nonnegotiable instruments.  16. Accounts receivable.  17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  18. Other liquidated debts owed to debtor including tax refunds. Give particulars.  19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.   |   |  |
| and unincorporated businesses. Itemize.  14. Interests in partnerships or joint ventures. Itemize.  15. Government and corporate bonds and other negotiable and nonnegotiable instruments.  16. Accounts receivable.  17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  18. Other liquidated debts owed to debtor including tax refunds. Give particulars.  19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.   | -   | 0.00   |
| ventures. Itemize.  15. Government and corporate bonds and other negotiable and nonnegotiable instruments.  16. Accounts receivable.  17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  18. Other liquidated debts owed to debtor including tax refunds. Give particulars.  19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.   |   |  |
| and other negotiable and nonnegotiable instruments.  6. Accounts receivable.  7. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  8. Other liquidated debts owed to debtor including tax refunds. Give particulars.  9. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  80. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  |   |  |
| 7. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  8. Other liquidated debts owed to debtor including tax refunds. Give particulars.  9. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  |   |  |
| property settlements to which the debtor is or may be entitled. Give particulars.  8. Other liquidated debts owed to debtor including tax refunds. Give particulars.  9. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  |   |  |
| including tax refunds. Give particulars.  9. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  |   |  |
| estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.   | -   | 2,040.00   |
| interests in estate of a decedent,<br>death benefit plan, life insurance<br>policy, or trust.  |   |  |
| N. O.L. C. A. L. P. M. A. W.   |   |  |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims.  Give estimated value of each.  |   |  |
|  | Sub-Tota                                    | al > <b>2,040.00</b>   |

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

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 $B6B\ (Official\ Form\ 6B)\ (12/07)$  - Cont.

| In re | Emily Faye Wilberg | Case No. | _ |
|-------|--------------------|----------|---|
| _     |                    | ;        |   |

## Debtor

## **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|---|
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | X                |                                      |   |   |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.  | X                |                                      |   |   |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |                                      |   |   |
| 25. | Automobiles, trucks, trailers, and  | 2001             | Pontiac Aztec (125,000)              | -   | 2,500.00  |
|     | other vehicles and accessories.   | 1/2 in           | terest in 2006 Mazda 6               | -   | 7,500.00  |
| 26. | Boats, motors, and accessories.   | X                |                                      |   |   |
| 27. | Aircraft and accessories.   | X                |                                      |   |   |
| 28. | Office equipment, furnishings, and supplies.  | X                |                                      |   |   |
| 29. | Machinery, fixtures, equipment, and supplies used in business.  | X                |                                      |   |   |
| 30. | Inventory.  | X                |                                      |   |   |
| 31. | Animals.  | Dog              |                                      | -   | 0.00  |
| 32. | Crops - growing or harvested. Give particulars.   | X                |                                      |   |   |
| 33. | Farming equipment and implements.   | X                |                                      |   |   |
| 34. | Farm supplies, chemicals, and feed.   | X                |                                      |   |   |
| 35. | Other personal property of any kind not already listed. Itemize.  | X                |                                      |   |   |

Sub-Total > (Total of this page) Total > 10,000.00

17,049.68

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

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B6C (Official Form 6C) (12/07)

Debtor claims the exemptions to which debtor is entitled under:

| In re | Emily Faye Wilberg |      | Case No.       |  |
|-------|--------------------|------|----------------|--|
|       |                    | D 1. | <del>-</del> / |  |

Debtor

 $\hfill\square$  Check if debtor claims a homestead exemption that exceeds

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| (Check one box)  ☐ 11 U.S.C. §522(b)(2)  ☐ 11 U.S.C. §522(b)(3)   | \$136,875.   |                                  |   |
|---|--|----------------------------------|---|
| Description of Property   | Specify Law Providing<br>Each Exemption            | Value of<br>Claimed<br>Exemption | Current Value of<br>Property Without<br>Deducting Exemption |
| Real Property two bedroom condominium, purchased 8/07; pp: \$199,000 Location: 485 Valentine Way, Oswego IL | 735 ILCS 5/12-901                                  | 15,000.00                        | 175,000.00  |
| Cash on Hand<br>cash on hand  | 735 ILCS 5/12-1001(b)                              | 30.00                            | 30.00   |
| Checking, Savings, or Other Financial Accounts checking account at Chase Bank                               | , Certificates of Deposit<br>735 ILCS 5/12-1001(b) | 11.06                            | 11.06   |
| checking & savings at Citihank  | 735 II CS 5/12-1001/b)                             | 1 000 32                         | 1 350 00  |

| <u>Cash on Hand</u><br>cash on hand   | 735 ILCS 5/12-1001(b)  | 30.00    | 30.00    |
|---|--|----------|----------|
| Checking, Savings, or Other Financial Accounts, C                                     | Certificates of Denosit                                      |          |          |
| checking account at Chase Bank  | 735 ILCS 5/12-1001(b)  | 11.06    | 11.06    |
| checking & savings at Citibank  | 735 ILCS 5/12-1001(b)  | 1,000.32 | 1,350.00 |
| Wearing Apparel necessary personal clothing; bible; textbooks; pictures               | 735 ILCS 5/12-1001(a)  | 500.00   | 500.00   |
| Firearms and Sports, Photographic and Other Hob camera equipment                      | by Equipment<br>735 ILCS 5/12-1001(b)                        | 50.00    | 50.00    |
| Interests in Insurance Policies Thrivent Financial for Lutherans                      | 735 ILCS 5/12-1001(b)  | 868.62   | 868.62   |
| Interests in IRA, ERISA, Keogh, or Other Pension of Illinois Teachers Retirement Plan | or <u>Profit Sharing Plans</u><br>40 ILCS 5/16-190, 5/17-151 | 100%     | 0.00     |
| Other Liquidated Debts Owing Debtor Including Taestimated 2008 US & IL tax refunds    | <u>x Refund</u><br>735 ILCS 5/12-1001(b)                     | 2,040.00 | 2,040.00 |
| <u>Automobiles, Trucks, Trailers, and Other Vehicles</u> 2001 Pontiac Aztec (125,000) | 735 ILCS 5/12-1001(c)  | 2,400.00 | 2,500.00 |

Total: 21,900.00 182,349.68

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B6D (Official Form 6D) (12/07)

| In re | Emily Faye Wilberg | Case No |  |
|-------|--------------------|---------|--|
| _     |                    | Debtor  |  |

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured

guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C<br>C<br>C<br>E<br>B<br>T<br>C<br>R | )   C |   | CONTINGEN | N L L Q U L D | SPUTE | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|--|--------------------------------------|-------|---|-----------|---------------|-------|--|---------------------------------|
| Account No. 10623321053404   |                                      |       | Opened 8/01/06 Last Active 12/11/08   | Т         | T<br>E<br>D   |       |  |                                 |
| Chase Manhattan<br>Attn: Bankruptcy Research Dept<br>3415 Vision Dr<br>Columbus, OH 43219            | ×                                    | ( -   | Purchase Money Security 1/2 interest in 2006 Mazda 6  |           |               |       |  |                                 |
|  | 4                                    | +     | Value \$ 15,000.00  | -         |               | H     | 17,247.00  | 2,247.00                        |
| Account No.  Chase Manhattan   |                                      |       | Chase Auto PO Box 9001083 Louisville, KY 40290  |           |               |       |  |                                 |
| Account No.  | +                                    | +     | value \$  |           |               | H     |  |                                 |
| Chase Manhattan  |                                      |       | Chase Auto Finance<br>National Bankruptcy Dept.<br>201 N Central Ave AZ1-1191<br>Phoenix, AZ 85004  |           |               |       |  |                                 |
| 405005000  | 4                                    | +     | Value \$  |           |               |       |  |                                 |
| Account No. 1953256329  Chase Manhattan Mtg G7-Pp 3415 Vision Dr. Columbus, OH 43219                 |                                      | -     | Opened 8/01/07 Last Active 1/05/09  First Mortgage  two bedroom condominium, purchased 8/07; pp: \$199,000 Location: 485 Valentine Way, Oswego IL |           |               |       | 4  |                                 |
|  |                                      |       | Value \$ 175,000.00   | Sub       | tota          |       | 157,757.00   | 0.00                            |
| continuation sheets attached   |                                      |       | (Total of   |           |               | _     | 175,004.00   | 2,247.00                        |

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 $B6D\ (Official\ Form\ 6D)\ (12/07)$  - Cont.

| In re | Emily Faye Wilberg | Case No |  |
|-------|--------------------|---------|--|
| •     |                    | Debtor  |  |

# SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS (Continuation Sheet)

|  | _        | _    |  | 1-        |        | _    |  |                                 |
|--|----------|------|--|-----------|--------|------|--|---------------------------------|
| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | CODEBTOR | Hu H | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGEN | ŀ      | UTED | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
| Account No.  | T        | H    |  | Τ̈́       | T      |      |  |                                 |
| Chase Manhattan Mtg  |          |      | Chase Home Finance P.O. Box 78116 Phoenix, AZ 85062-8116  Value \$                             |           | E<br>D |      |  |                                 |
| Account No.  | ┢        | ┢    | γ and φ  | ╁         |        | Н    |  |                                 |
| Account No.  |          |      | Value \$   | _         |        |      |  |                                 |
| Account No.  | $\vdash$ | ┢    | γ and φ  | ╁         |        | Н    |  |                                 |
| Account No.  |          |      | Value \$   | _         |        |      |  |                                 |
|  |          |      | Value \$   |           |        |      |  |                                 |
| Account No.  |          |      | Value \$   |           |        |      |  |                                 |
| Sheet 1 of 1 continuation sheets attack  |          | d to | )  | Subi      |        |      | 0.00   | 0.00                            |
| Schedule of Creditors Holding Secured Claims   |          |      | (Total of t<br>(Report on Summary of So  | Т         | ota    | ıl   | 175,004.00   | 2,247.00                        |
|  |          |      |  |           |        |      |  |                                 |

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B6E (Official Form 6E) (12/07)

| In re | Emily Faye Wilberg | Case No.    |
|-------|--------------------|-------------|
| -     |                    | ,<br>Debtor |

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data

| Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.  |
|--|
| ■ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.  |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)  |
| □ Domestic support obligations  Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relation of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).  |
| Extensions of credit in an involuntary case  Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of trustee or the order for relief. 11 U.S.C. § 507(a)(3).   |
| Wages, salaries, and commissions  Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent salar representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
| ☐ Contributions to employee benefit plans  Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of busines whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).  |
| ☐ Certain farmers and fishermen  Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).  |
| ☐ Deposits by individuals  Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).  |
| ☐ Taxes and certain other debts owed to governmental units  Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).  |
| Commitments to maintain the capital of an insured depository institution  Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Feder Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).   |
| ☐ Claims for death or personal injury while debtor was intoxicated  Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).   |
|  |

<sup>\*</sup> Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6F (Official Form 6F) (12/07)

| In re | Emily Faye Wilberg | Case No |  |
|-------|--------------------|---------|--|
|       |                    | Debtor  |  |

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of

Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| check and con it decise has no creations nothing uniform                                |             |   | inis to report on and penedate r                                      |                    |                       |                  |                 |
|---|-------------|---|---|--------------------|-----------------------|------------------|-----------------|
| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,                              | C O D E B T | H |   | 11                 | ()                    | D I S P U        |                 |
| AND ACCOUNT NUMBER (See instructions above.)  | T<br>O<br>R | C | IS SUBJECT TO SETORE SO STATE   | N G E N            | 1 1                   | U<br>T<br>E<br>D | AMOUNT OF CLAIM |
| Account No. <b>7971</b>   | -           |   | Opened 7/01/05 Last Active 11/29/08 CreditCard                        | Ť                  | D<br>A<br>T<br>E<br>D |                  |                 |
| Bac / Fleet Bankcard<br>Po Box 26012<br>Greensboro, NC 27420                            |             | - |   |                    |                       |                  |                 |
|   | _           |   |   | $oldsymbol{\perp}$ | L                     |                  | 8,296.00        |
| Account No.   | 1           |   | Bank Of America P.O. Box 15128 Wilmington, DE 19850-5128              |                    |                       |                  |                 |
| Bac / Fleet Bankcard  |             |   |   |                    |                       |                  |                 |
| Account No. 4266-8411-0599-0947   |             |   | Opened 7/01/06 Last Active 12/01/08 CreditCard                        | 1                  |                       |                  |                 |
| Chase - Cc<br>Attention: Banktruptcy Department<br>Po Box 15298<br>Wilmintgon, DE 19850 |             | - | Creditodia  |                    |                       |                  |                 |
| <b>3</b>  |             |   |   |                    |                       |                  | 11,695.00       |
| Account No.   |             |   | Chase Cardmember Service<br>PO Box 15548<br>Wilmington, DE 19886-5548 |                    |                       |                  |                 |
| Chase - Cc  |             |   |   |                    |                       |                  |                 |
|   |             |   | (Total of   | Subt               |                       |                  | 19,991.00       |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Emily Faye Wilberg | Case No. |  |
|-------|--------------------|----------|--|
| _     |                    | Debtor   |  |

| CREDITOR'S NAME,  | C        | Hu          | sband, Wife, Joint, or Community  | C         | U          | D      |                 |
|---|----------|-------------|---|-----------|------------|--------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)              | CODEBTOR | C<br>1<br>M | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.               | CONTINGEN | UNLIQUIDAT | SPUTED | AMOUNT OF CLAIM |
| Account No. <b>08 0180 42698 5109059542</b>   | ]        |             | Quest Diagnostics   | '         | E          |        |                 |
| Credit Collection Services<br>Two Wells Avenue Dept 587<br>Newton Center, MA 02459            |          | -           |   |           | D          |        | 229.50          |
| Account No.   |          |             | Quest Diagnostics   |           |            |        |                 |
| Credit Collection Services  |          |             | 1355 Mittel Boulevard<br>Attention: Patient Billing<br>Wood Dale, IL 60191-1024 |           |            |        |                 |
| Account No. 2758786   |          |             | Med1 02 Provena Mercy Center  |           |            |        |                 |
| Credtrs Coll<br>755 Almar Pkwy<br>Bourbonnais, IL 60914                                       |          | -           |   |           |            |        | 3,740.00        |
| Account No.   | T        |             | Creditors Collection Bureau, Inc.   |           |            |        |                 |
| Credtrs Coll  |          |             | PO Box 63<br>Kankakee, IL 60901-0063  |           |            |        |                 |
| Account No. 601100792072  |          |             | Opened 11/01/97 Last Active 11/30/08  |           |            |        |                 |
| Discover Financial<br>Attention: Bankruptcy Department<br>Po Box 3025<br>New Albany, OH 43054 |          | _           | CreditCard  |           |            |        | 6,855.00        |
| Sheet no1 of _10_ sheets attached to Schedule of  |          |             |   | Subt      | ota        | .1     | 10 024 50       |
| Creditors Holding Unsecured Nonpriority Claims  |          |             | (Total of t   | his       | pag        | e)     | 10,824.50       |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Emily Faye Wilberg | Case No. |  |
|-------|--------------------|----------|--|
| _     |                    | Debtor   |  |

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER   | CODEBTOR   | J<br>H<br>H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTING   | UNLLQUL | DISPUTE       | AMOUNT OF CLAIM |
|---|------------|-------------|---|-----------|---------|---------------|-----------------|
| (See instructions above.)  Account No.                                    | R          | Ľ           | Discover  | N G E N T | DATED   | D             |                 |
| Discover Financial  |            |             | P.O. Box 30943<br>Salt Lake City, UT 84130  |           | E<br>D  |               |                 |
| Account No.   | lacksquare |             | Zwicker & Associates, P.C.  | +         |         |               |                 |
| Discover Financial  |            |             | 80 Minuteman Road<br>Andover, MA 01810-1031   |           |         |               |                 |
| Account No. <b>772683 - 60078624</b>                                      |            |             |   | -         |         |               |                 |
| DuPage Medical Group<br>1860 Paysphere Circle<br>Chicago, IL 60674        |            | -           |   |           |         |               |                 |
| Account No. <b>G000274928</b>   |            |             |   |           |         |               | 268.00          |
| Edward Medical Group/Edward Health<br>3471 Eagle Way<br>Chicago, IL 60678 |            | -           |   |           |         |               | 35.00           |
| Account No. <b>G000274928</b>   |            |             |   |           |         | $\vdash$      |                 |
| Edward Medical Group/Edward Health<br>3471 Eagle Way<br>Chicago, IL 60678 |            | -           |   |           |         |               | 98.00           |
| Sheet no. <b>2</b> of <b>10</b> sheets attached to Schedule of            | <u> </u>   |             | <u> </u>  | Subi      | tota    | <u> </u><br>վ |                 |
| Creditors Holding Unsecured Nonpriority Claims                            |            |             | (Total of t   |           |         |               | 401.00          |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Emily Faye Wilberg | Case No. |  |
|-------|--------------------|----------|--|
| _     |                    | Debtor   |  |

| CREDITOR'S NAME,  | C               | Ηu          | sband, Wife, Joint, or Community  | Č          | U            | D               | 7      |                 |
|---|-----------------|-------------|---|------------|--------------|-----------------|--------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                | C O D E B T O R | C<br>N<br>H | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | NL I QU I DA | D I S P U T E D | ,      | AMOUNT OF CLAIM |
| Account No.   |                 |             |   | T          | E<br>D       |                 |        |                 |
| Evangeline G. Guzman, M.D. S.C.<br>600 S Washington Street<br>Suite 202<br>Naperville, IL 60540 |                 | -           |   |            | D            |                 |        | 46.00           |
| Account No.   | T               | T           |   |            |              | T               | $\top$ |                 |
| Evangeline G. Guzman, M.D. S.C.<br>600 S Washington Street<br>Suite 202<br>Naperville, IL 60540 |                 | -           |   |            |              |                 |        |                 |
|   |                 |             |   |            |              |                 |        | 441.70          |
| Account No. 601918102503  Gemb/lenscrafters Po Box 981439 El Paso, TX 79998                     | -               | _           | Opened 7/01/06 Last Active 12/01/08<br>ChargeAccount  |            |              |                 |        | 923.00          |
| Account No.   |                 |             | GE Money Bank   |            |              | Г               | T      |                 |
| Gemb/lenscrafters   |                 |             | PO Box 981127<br>El Paso, TX 79998-1127   |            |              |                 |        |                 |
| Account No. <b>521853100799</b>   |                 |             | Opened 3/01/08 Last Active 12/01/08   |            |              |                 |        |                 |
| Gemb/paypidc<br>Po Box 981416<br>El Paso, TX 79998  |                 | _           | CreditCard  |            |              |                 |        | 2,070.00        |
| Sheet no3 of _10_ sheets attached to Schedule of  |                 |             |   | Subt       | ota          | ıl              |        | 3,480.70        |
| Creditors Holding Unsecured Nonpriority Claims  |                 |             | (Total of t   | his        | pag          | 2e)             |        | 3,460.70        |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Emily Faye Wilberg | Case No. |  |
|-------|--------------------|----------|--|
| •     |                    | Dehtor , |  |

| CDEDITORIO NAME   | С        | Нι          | usband, Wife, Joint, or Community                            | С          | U   |        | D  |                 |
|---|----------|-------------|--|------------|-----|--------|----|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | СОПШВНОК | C<br>A<br>M | DATE CLAIM WAS INCUIDED AND                                  | CONTINGEN  |     | !!!    |    | AMOUNT OF CLAIM |
| Account No.   |          |             | GE Money Bank  | ٦т         | Ţ   |        |    |                 |
| Gemb/paypldc  |          |             | Attn: Bankruptcy Dept.<br>PO Box 103104<br>Roswell, GA 30076 |            | Ď   |        |    |                 |
| Account No. 700106310610  |          |             | Opened 12/01/02 Last Active 11/17/08                         |            | T   | T      |    |                 |
| Hsbc Best Buy<br>Attn: Bankruptcy<br>Po Box 6985<br>Bridge Water, NJ 08807                        |          | -           | ChargeAccount  |            |     |        |    | 176.00          |
|   |          |             |  |            | L   | 1      |    | 170.00          |
| Account No.  Hsbc Best Buy  |          |             | HSBC Best Buy P.O. Box 98706 Bridgewater, NJ 08807           |            |     |        |    |                 |
| Account No.   |          |             | HSBC Card Services   |            |     |        |    |                 |
| Hsbc Best Buy   |          |             | PO Box 80084<br>Salinas, CA 93912-0084                       |            |     |        |    |                 |
| Account No. 270120  |          |             | 7/12/07  |            | Γ   | T      |    |                 |
| ICS Inc.<br>PO Box 1010<br>Tinley Park, IL 60477-9110   |          | -           |  |            |     |        |    | 871.21          |
| Sheet no4 of _10_ sheets attached to Schedule of  |          | _           | 1  | 2112       | tot | <br>_1 | -  |                 |
| Creditors Holding Unsecured Nonpriority Claims  |          |             | (Total of t  | Sub<br>his |     |        | (: | 1,047.21        |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Emily Faye Wilberg | Case No. |  |
|-------|--------------------|----------|--|
| _     |                    | Debtor   |  |

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)  Account No. 10626618  Illinois Collection Se | C O D E B T O R | C C |  | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|-----------------|-----|--|------------|--------------|----------|-----------------|
| 8231 W. 185th St. Ste. 100<br>Tinley Park, IL 60487   |                 | -   |  |            |              |          | 871.00          |
| Account No. 10309054  Illinois Collection Se 8231 W. 185th St. Ste. 100 Tinley Park, IL 60487   |                 | _   | Opened 1/01/08<br>CollectionAttorney U Of I Dept Family Medicine |            |              |          | 315.00          |
| Account No. 10818868  Illinois Collection Se 8231 W. 185th St. Ste. 100 Tinley Park, IL 60487   |                 | _   | Opened 7/01/08 CollectionAttorney U Of I Dept Family Medicine    |            |              |          | 168.50          |
| Account No.  Illinois Collection Se   |                 |     | ICS Inc.<br>PO Box 1010<br>Tinley Park, IL 60477-9110            |            |              |          |                 |
| Account No. 10942186  Illinois Collection Se 8231 W. 185th St. Ste. 100 Tinley Park, IL 60487   |                 | _   | Opened 9/01/08 CollectionAttorney U Of I Dept Family Medicine    |            |              |          | 159.37          |
| Sheet no. <u>5</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims                                   |                 | •   | S<br>(Total of th  | ubt<br>nis |              |          | 1,513.87        |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Emily Faye Wilberg | Case No. |  |
|-------|--------------------|----------|--|
| _     |                    | Debtor   |  |

|   |                 |        |  | _            | _          |          |                 |
|---|-----------------|--------|--|--------------|------------|----------|-----------------|
| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER                              | C O D E B T O R | A<br>H | CONSIDERATION FOR CLAIM. IF CLAIM                              | CONTIN       | UZLLQU     | DISPUTED | AMOUNT OF CLAIM |
| (See instructions above.)   | Ö<br>R          | c      | IS SUBJECT TO SETOFF, SO STATE.                                | NGENT        | QU I D A T | E<br>D   | AMOUNT OF CLAIM |
| Account No.  Illinois Collection Se   |                 |        | ICS Inc. PO Box 1010 Tinley Park, IL 60477-9110                |              | ED         |          |                 |
| Account No. 10248939  Illinois Collection Se 8231 W. 185th St. Ste. 100 Tinley Park, IL 60487                 |                 | -      | Opened 11/01/07 CollectionAttorney U Of I Dept Family Medicine |              |            |          | 145.00          |
| Account No. 11021837  Illinois Collection Se 8231 W. 185th St. Ste. 100 Tinley Park, IL 60487                 |                 | -      | Opened 11/01/08 CollectionAttorney U Of I Dept Family Medicine |              |            |          | 108.74          |
| Account No.  Illinois Collection Se   |                 |        | ICS Inc.<br>PO Box 1010<br>Tinley Park, IL 60477-9110          |              |            |          |                 |
| Account No. 6978000061028622  Lane Bryant Retail/soa 450 Winks Ln Bensalem, PA 19020                          |                 | -      | Opened 3/01/02 Last Active 12/02/08<br>CreditCard              |              |            |          | 740.00          |
| Sheet no. <u>6</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | •               | •      | S<br>(Total of th  | ubt<br>nis j |            |          | 993.74          |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Emily Faye Wilberg | Case No. |  |
|-------|--------------------|----------|--|
| _     |                    | Debtor   |  |

| CREDITOR'S NAME,  | С        | Ηu     | sband, Wife, Joint, or Community                                       | С         | U   | ı         | D        |                 |
|---|----------|--------|--|-----------|-----|-----------|----------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                                      | CODEBTOR | J<br>H | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.      | CONTINGEN | l Q |           | ISPUTED  | AMOUNT OF CLAIM |
| Account No.   |          |        | Lane Bryant  | ĮΤ        | I F |           |          |                 |
|   |          |        | PO Box 84047   | L         | D   |           |          |                 |
| Lane Bryant Retail/soa  |          |        | Columbus, GA 31993-9497  |           |     |           |          |                 |
| Account No.   | _        | ┝      | Lane Bryant Retail   | +         | +   | +         | $\dashv$ |                 |
| Lane Bryant Retail/soa  |          |        | c/o Spirit of America National Bank<br>PO Box 427<br>Milford, OH 45150 |           |     |           |          |                 |
| Account No. <b>19745649</b>   | _        | ┢      | Opened 10/01/06 Last Active 1/13/09                                    | $^{+}$    | t   | $^{+}$    | _        |                 |
| Nelnet<br>Attn: Claims<br>Po Box 17460<br>Denver, CO 80217  |          | _      | Educational  |           |     |           |          | 29,538.00       |
| Account No. 19745549  |          |        | Opened 10/01/06 Last Active 1/13/09                                    | T         | T   | Ť         |          |                 |
| Nelnet<br>Attn: Claims<br>Po Box 17460<br>Denver, CO 80217  |          | -      | Educational  |           |     |           |          | 20,791.00       |
| Account No.   |          |        |  | T         | T   | $\dagger$ |          |                 |
| Provena Mercy Medical Center<br>Patient Financial Services<br>2870 Stoner Court, Suite 300<br>North Liberty, IA 52317 |          | _      |  |           |     |           |          | 0.00            |
| Sheet no. 7 of 10 sheets attached to Schedule of  |          |        |  | Sut       | tot | al        |          | E0 220 00       |
| Creditors Holding Unsecured Nonpriority Claims  |          |        | (Total of  | this      | pa  | ge        | ;)       | 50,329.00       |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Emily Faye Wilberg | Case No. |  |
|-------|--------------------|----------|--|
| _     |                    | Debtor   |  |

|  |          |    |  |           |          |              | _        |                 |
|--|----------|----|--|-----------|----------|--------------|----------|-----------------|
| CREDITOR'S NAME,   | CODEBTOR | Hu | sband, Wife, Joint, or Community                           |           | CONT     | U            | DISPUTED |                 |
| MAILING ADDRESS  | Ď        | Н  | DATE CLADAWAG DICHEDED AN                                  | <b>D</b>  | Ň        | Ë            | s        |                 |
| INCLUDING ZIP CODE,  | B        | W  | DATE CLAIM WAS INCURRED AN CONSIDERATION FOR CLAIM. IF CL. |           | I¦.      | Q            | Ü        |                 |
| AND ACCOUNT NUMBER   | T        | J  | IS SUBJECT TO SETOFF, SO STATE                             |           | N        | U            | Ī        | AMOUNT OF CLAIM |
| (See instructions above.)                                      | R        | С  | is subject to setott, so statt                             | ٠.        | INGENT   | Ď            | Ď        |                 |
| Account No. inv 5109059554                                     |          |    |  |           | <b> </b> | UNLIQUIDATED |          |                 |
|  |          |    |  |           |          | D            |          |                 |
| Quest Diagnostics  |          |    |  |           |          |              |          |                 |
| P.O. Box 64804   |          | -  |  |           |          |              |          |                 |
| Baltimore, MD 21264-4804                                       |          |    |  |           |          |              |          |                 |
|  |          |    |  |           |          |              |          |                 |
|  |          |    |  |           |          |              |          | 160.00          |
| Account No. 5109059542   |          |    |  |           |          |              |          |                 |
|  |          |    |  |           |          |              |          |                 |
| Quest Diagnostics  |          |    |  |           |          |              |          |                 |
| P.O. Box 64804   |          | -  |  |           |          |              |          |                 |
| Baltimore, MD 21264-4804                                       |          |    |  |           |          |              |          |                 |
|  |          |    |  |           |          |              |          |                 |
|  |          |    |  |           |          |              |          | 69.50           |
| Account No. <b>5109059554</b>                                  | 1        | T  |  |           | t        |              |          |                 |
|  | 1        |    |  |           |          |              |          |                 |
| Quest Diagnostics  |          |    |  |           |          |              |          |                 |
| 1355 Mittel Boulevard  |          | -  |  |           |          |              |          |                 |
| Attention: Patient Billing                                     |          |    |  |           |          |              |          |                 |
| Wood Dale, IL 60191-1024                                       |          |    |  |           |          |              |          |                 |
|  |          |    |  |           |          |              |          | 160.00          |
| Account No. <b>V8849179</b>                                    | ╁        | ┢  |  |           | ╁        |              |          |                 |
| Thecount ito. Voo-voiro  | 1        |    |  |           |          |              |          |                 |
| Revenue Cycle Partners   |          |    |  |           |          |              |          |                 |
| Patient Financial Services                                     |          | -  |  |           |          |              |          |                 |
| 2870 Stoner Court, Suite 300                                   |          |    |  |           |          |              |          |                 |
| North Liberty, IA 52317  |          |    |  |           |          |              |          |                 |
| North Liberty, IA 52317  |          |    |  |           |          |              |          |                 |
|  |          |    |  |           |          |              |          | 3,740.10        |
| Account No.  |          |    | Creditors Collection Bureau, Inc.                          |           |          |              |          |                 |
|  | 1        |    | PO Box 1022  |           |          |              |          |                 |
|  |          | 1  | Wixom, MI 48393-1022                                       |           |          |              | l        |                 |
| Boyonua Cyala Bartnara   |          | 1  |  |           |          |              | l        |                 |
| Revenue Cycle Partners   |          | 1  |  |           |          |              | l        |                 |
|  |          |    |  |           |          |              |          |                 |
|  |          |    |  |           |          |              |          |                 |
|  |          |    |  |           |          |              | <u></u>  |                 |
| Sheet no. <b>8</b> of <b>10</b> sheets attached to Schedule of |          |    | ·  |           | Sub      |              |          | 4,129.60        |
| Creditors Holding Unsecured Nonpriority Claims                 |          |    | (1   | otal of t | nıs      | pag          | e)       | 1               |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Emily Faye Wilberg | Case No. |  |
|-------|--------------------|----------|--|
| _     |                    | Debtor   |  |

|   | Ιc       | List             | shand Wife Joint or Community   | 1.          | 111        | Ь               |                 |
|---|----------|------------------|---|-------------|------------|-----------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)               | CODEBTOR | H<br>W<br>J<br>C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONFLXGEN   | OH-LOO-LZC | D I S P U T E D | AMOUNT OF CLAIM |
| Account No.   |          |                  | Creditors Collection Bureau, Inc.   | ٦т          | T<br>E     |                 |                 |
| Revenue Cycle Partners  |          |                  | PO Box 63<br>Kankakee, IL 60901-0063  |             | D          |                 |                 |
| Account No.   |          |                  | Provena Mercy Medical Center 75 Remittance Drive  |             |            |                 |                 |
| Revenue Cycle Partners  |          |                  | Suite 1871<br>Chicago, IL 60675-1871  |             |            |                 |                 |
| Account No. <b>15884</b>  |          |                  |   |             |            |                 |                 |
| Riaz Baber, M.D., S. C.<br>1460 Bond Street, Suite 130<br>Naperville, IL 60563                                  |          | -                |   |             |            |                 |                 |
| Account No. <b>270120</b>   | -        |                  |   |             |            |                 | 325.00          |
| Univesity of Illinois at Chicago<br>Physician Group<br>135 S LaSalle Street, Box 3293<br>Chicago, IL 60674-3293 |          | _                |   |             |            |                 | 108.74          |
| Account No. <b>270120</b>   | ╁        |                  |   | +           | _          | _               |                 |
| Univesity of Illinois at Chicago<br>Physician Group<br>135 S LaSalle Street, Box 3293<br>Chicago, IL 60674-3293 | 1        | _                |   |             |            |                 |                 |
|   |          |                  |   |             |            |                 | 1,199.08        |
| Sheet no. <b>9</b> of <b>10</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims   |          |                  | (Total of   | Sub<br>this |            |                 | 1,632.82        |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Emily Faye Wilberg |          | Case No. |  |
|-------|--------------------|----------|----------|--|
|       |                    | Debtor , |          |  |

|   | 1               | ш.,              | sband, Wife, Joint, or Community  | 16         | Lii          | П  |          |                 |
|---|-----------------|------------------|---|------------|--------------|----|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)  Account No. 270120 | C O D E B T O R | H<br>W<br>J<br>C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | ΙE |          | AMOUNT OF CLAIM |
| 1.000.00.00.00.00.00  | 1               |                  |   |            | D            |    |          |                 |
| Univesity of Illinois at Chicago<br>Physician Group<br>135 S LaSalle Street, Box 3293<br>Chicago, IL 60674-3293       |                 | -                |   |            |              |    |          | 268.11          |
| Account No. <b>270120</b>   | 1               |                  |   |            | l            | t  | 1        |                 |
| Univesity of Illinois at Chicago<br>Physician Group<br>135 S LaSalle Street, Box 3293<br>Chicago, IL 60674-3293       |                 | -                |   |            |              |    |          |                 |
|   |                 |                  |   |            |              |    |          | 382.24          |
| Account No.   |                 |                  |   |            |              |    |          |                 |
| Account No.   |                 |                  |   |            |              |    |          |                 |
| Account No.   |                 |                  |   |            |              |    |          |                 |
| Sheet no. 10 of 10 sheets attached to Schedule of   |                 |                  |   | Sub        |              |    |          | 650.35          |
| Creditors Holding Unsecured Nonpriority Claims  |                 |                  | (Total of   |            | -            |    | <b>'</b> |                 |
|   |                 |                  | (Report on Summary of S   |            | Tota<br>dule |    | L        | 94,993.79       |

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B6G (Official Form 6G) (12/07)

| In re | Emily Faye Wilberg | Case No. |  |
|-------|--------------------|----------|--|
| -     |                    | Debtor   |  |

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 09-04931 Doc 1 Filed 02/17/09 Entered 02/17/09 10:51:01 Desc Main Document Page 28 of 49

B6H (Official Form 6H) (12/07)

| In re | Emily Faye Wilberg | Case No.    |
|-------|--------------------|-------------|
| -     |                    | ,<br>Debtor |

### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

Christopher Ray Etherton 800 S Wells Chicago, IL 60607

Chase Manhattan Attn: Bankruptcy Research Dept 3415 Vision Dr Columbus, OH 43219

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**B6I (Official Form 6I) (12/07)** 

| In re | Emily Faye Wilberg |           | Case No. |  |
|-------|--------------------|-----------|----------|--|
|       |                    | Debtor(s) |          |  |

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

| Debtor's Marital Status:   | DEPENDENTS OF DEB   | TOR AND SPOUSE   |                                      |
|--|---|--|--------------------------------------|
| Single   | RELATIONSHIP(S): None.  | AGE(S):  |                                      |
| Employment:  | DEBTOR  | SPOUSE   |                                      |
| Occupation   | Teacher   |  |                                      |
| Name of Employer   | Plainfield Comm Cons School Dist #202   |  |                                      |
| How long employed  | 1 year  |  |                                      |
| Address of Employer  | Plainfield, IL 60544  |  |                                      |
|  | rage or projected monthly income at time case filed) ury, and commissions (Prorate if not paid monthly) | DEBTOR<br>\$ 3,914.37<br>\$ 0.00                           | \$ SPOUSE \$ N/A \$ N/A              |
| 3. SUBTOTAL  |   | \$3,914.37_  | \$ <b>N/A</b>                        |
| 4. LESS PAYROLL DEDUC  a. Payroll taxes and soc  b. Insurance  c. Union dues  d. Other (Specify):                    |   | \$ 557.31<br>\$ 157.34<br>\$ 82.20<br>\$ 367.94<br>\$ 0.00 | \$ N/A<br>\$ N/A<br>\$ N/A<br>\$ N/A |
| 5. SUBTOTAL OF PAYROL  | LL DEDUCTIONS   | \$1,164.79   | \$ <b>N/A</b>                        |
| 6. TOTAL NET MONTHLY   | TAKE HOME PAY   | \$\$   | \$ <b>N/A</b>                        |
| <ul><li>8. Income from real property</li><li>9. Interest and dividends</li><li>10. Alimony, maintenance or</li></ul> | r support payments payable to the debtor for the debtor's use or that                                   |  | \$ N/A<br>\$ N/A<br>\$ N/A           |
| dependents listed above 11. Social security or govern (Specify):   |   | \$ 0.00<br>\$ 0.00<br>\$ 0.00                              | \$ N/A<br>\$ N/A                     |
| 12. Pension or retirement inc<br>13. Other monthly income<br>(Specify):  | come  | \$ 0.00<br>\$ 0.00   | \$ N/A<br>\$ N/A                     |
|  |   | \$ 0.00  | \$ <b>N/A</b>                        |
| 14. SUBTOTAL OF LINES  | 7 THROUGH 13  | \$   | \$N/A                                |
| 15. AVERAGE MONTHLY  | INCOME (Add amounts shown on lines 6 and 14)  | \$\$ 2,749.58  | \$N/A                                |
| 16. COMBINED AVERAGE   | E MONTHLY INCOME: (Combine column totals from line 15)  | \$   | 2,749.58                             |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

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B6J (Official Form 6J) (12/07)

| In re | Emily Faye Wilberg |           | Case No. |  |
|-------|--------------------|-----------|----------|--|
|       |                    | Debtor(s) |          |  |

# SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

| Complete this schedule by estimating the average or projected monthly expenses of the debtor and the filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22 | The averag    |               |
|--|---------------|---------------|
| ☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Comple expenditures labeled "Spouse."  | ete a separat | e schedule of |
| 1. Rent or home mortgage payment (include lot rented for mobile home)  | \$            | 1,050.60      |
| a. Are real estate taxes included? Yes X No  |               |               |
| b. Is property insurance included? Yes No _X_  |               |               |
| 2. Utilities: a. Electricity and heating fuel  | \$            | 50.00         |
| b. Water and sewer   | \$            | 50.00         |
| c. Telephone   | \$            | 100.00        |
| d. Other cable tv  | \$            | 50.00         |
| 3. Home maintenance (repairs and upkeep)   | \$            | 25.00         |
| 4. Food  | \$            | 400.00        |
| 5. Clothing  | \$            | 50.00         |
| 6. Laundry and dry cleaning  | \$            | 20.00         |
| 7. Medical and dental expenses   | \$            | 50.00         |
| 8. Transportation (not including car payments)   | \$            | 300.00        |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.  | \$            | 0.00          |
| 10. Charitable contributions   | \$            | 50.00         |
| 11. Insurance (not deducted from wages or included in home mortgage payments)  | Φ.            | 44.00         |
| a. Homeowner's or renter's   | \$            | 41.66         |
| b. Life  | \$            | 38.00         |
| c. Health  | \$            | 0.00          |
| d. Auto  | \$            | 55.00         |
| e. Other   | \$            | 0.00          |
| 12. Taxes (not deducted from wages or included in home mortgage payments)  |               |               |
| (Specify)  | \$            | 0.00          |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)   |               |               |
| a. Auto  | \$            | 0.00          |
| b. Other student loan repayment  | \$            | 267.28        |
| c. Other   | \$            | 0.00          |
| 14. Alimony, maintenance, and support paid to others   | \$            | 0.00          |
| 15. Payments for support of additional dependents not living at your home  | \$            | 0.00          |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)   | \$            | 0.00          |
| 17. Other See Detailed Expense Attachment  | \$            | 190.00        |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)   | \$            | 2,787.54      |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:   |               |               |
| 20. STATEMENT OF MONTHLY NET INCOME  | -             |               |
| a. Average monthly income from Line 15 of Schedule I   | \$            | 2,749.58      |
| b. Average monthly expenses from Line 18 above   | \$            | 2,787.54      |
| c. Monthly net income (a. minus b.)  | \$            | -37.96        |

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B6J (Official Form 6J) (12/07)

| In re | Emily Faye Wilberg |           | Case No. |  |
|-------|--------------------|-----------|----------|--|
|       |                    | Debtor(s) |          |  |

# $\underline{SCHEDULE\ J\ -\ CURRENT\ EXPENDITURES\ OF\ INDIVIDUAL\ DEBTOR(S)}$

**Detailed Expense Attachment** 

## **Other Expenditures:**

| grooming, postage, bank fees, newspapers, |          | 70.00  |
|---|----------|--------|
| dog maintenance                           | \$       | 20.00  |
| medications                               | <u> </u> | 100.00 |
| Total Other Expenditures                  | <br>\$   | 190.00 |

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B6 Declaration (Official Form 6 - Declaration). (12/07)

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## **United States Bankruptcy Court** Northern District of Illinois

| In re | Emily Faye Wilberg  |                                       | Case No.         |      |
|-------|---|---------------------------------------|------------------|------|
|       |   | Debtor(s)                             | Chapter          | 7    |
|       |   |                                       |                  |      |
|       |   |                                       |                  |      |
|       | <b>DECLARATION</b> (  | CONCERNING DEBT                       | OR'S SCHEDUL     | ES   |
|       | DECLARATION UNDER   | PENALTY OF PERJURY E                  | BY INDIVIDUAL DE | BTOR |
|       | I declare under penalty of perjury to sheets, and that they are true and co |                                       |                  |      |
| Date  | February 11, 2009   | Signature /s/ Emily Faye Emily Faye W |                  |      |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Debtor

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B7 (Official Form 7) (12/07)

# **United States Bankruptcy Court Northern District of Illinois**

| In re | Emily Faye Wilberg |           | Case No. |   |
|-------|--------------------|-----------|----------|---|
|       |                    | Debtor(s) | Chapter  | 7 |

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| 711100111   | BOUNCE   |
|-------------|--|
| \$5,419.90  | 2009 - Plainfield School District                  |
| \$13,966.53 | 2008 - Plainfield Consolidated School District 202 |
| \$28,230.38 | 2008 - LaGrange Area Special Education #2045       |
| \$3,301.40  | 2008 - Hinsdale Township High School District 86   |
| \$49,201.00 | 2007 - Hinsdale Township HS District 86 and others |

SOURCE

AMOUNT

### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

#### 3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts*. List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESSDATES OFAMOUNT STILLOF CREDITORPAYMENTSAMOUNT PAIDOWINGSprint2/4/09\$450.00\$0.0013327 S Route 59

13327 S Route 59 Suite 700 Plainfield, IL

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT
DATES OF PAID OR
PAYMENTS/ VALUE OF AMOUNT STILL
TRANSFERS TRANSFERS OWING

NAME AND ADDRESS OF CREDITOR

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT STILL AMOUNT PAID OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT COURT OR AGENCY STATUS OR AND CASE NUMBER NATURE OF PROCEEDING AND LOCATION DISPOSITION

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

2

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#### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION,
FORECLOSURE SALE,
TRANSFER OR RETURN

DESCRIPTION AND VALUE OF
PROPERTY

#### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATE OF

NAME AND ADDRESS OF ASSIGNEE ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND LOCATION

NAME AND ADDRESS OF COURT DATE OF DESCRIPTION AND VALUE OF OF CUSTODIAN CASE TITLE & NUMBER ORDER PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION Church RELATIONSHIP TO DEBTOR, IF ANY church

DATE OF GIFT various

DESCRIPTION AND VALUE OF GIFT

approximately \$5 - \$20 weekly

3

#### 8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

### 9. Payments related to debt counseling or bankruptcy

None 

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE Lorraine M. Greenberg 20 East Jackson Boulevard Suite 800 Chicago, IL 60604

DATE OF PAYMENT. NAME OF PAYOR IF OTHER THAN DEBTOR various

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY \$299 for court costs; \$1,701 for attorneys fees

#### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE. RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

### 11. Closed financial accounts

None 

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION **National City Bank** 

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER. AND AMOUNT OF FINAL BALANCE savings and checking accounts closed 1/30/09

AMOUNT AND DATE OF SALE OR CLOSING

Total \$120.00

### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

5

#### 14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

DESCRIPTION AND VALUE OF

NAME AND ADDRESS OF OWNER

**PROPERTY** LOCATION OF PROPERTY

#### 15. Prior address of debtor

None П

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**ADDRESS** 2145 W Iowa Street NAME USED

DATES OF OCCUPANCY

5/2006 - 8/2007

Chicago, II 60622

#### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF

DATE OF

**ENVIRONMENTAL** 

**GOVERNMENTAL UNIT** 

NOTICE

LAW

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF

DATE OF

**ENVIRONMENTAL** 

SITE NAME AND ADDRESS

**GOVERNMENTAL UNIT** 

NOTICE

LAW

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None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

#### 18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six vears immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

NATURE OF BUSINESS BEGINNING AND ENDING DATES

NAME (ITIN)/ COMPLETE EIN ADDRESS NATURE OF BUSINESS ENDING DATE

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None

NAME ADDRESS

## DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date February 11, 2009 Signature /s/ Emily Faye Wilberg

Emily Faye Wilberg Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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# United States Bankruptcy Court Northern District of Illinois

|   |   | Not then Dist            | iffet of immors  |                                   |                                  |
|---|---|--------------------------|--|-----------------------------------|----------------------------------|
| In re <b>Emily F</b>                    | aye Wilberg   |                          |  | Case No.                          |                                  |
|   |   | Γ                        | Debtor(s)  | Chapter                           | 7                                |
| DADTA Dob                               |   | DIVIDUAL DEBTO           |  |                                   |                                  |
|   | ots secured by property of the estate. Attach ad  |                          |  | ed for <b>EAC</b>                 | H debt which is secured by       |
| Property No. 1                          |   |                          |  |                                   | 1                                |
| Creditor's Name:<br>Chase Manhattan     |   |                          | Describe Property Securing Debt: 1/2 interest in 2006 Mazda 6  |                                   |                                  |
| Property will be  □ Surrende            |   | ■ Retained               |  |                                   |                                  |
| ☐ Redeem t                              | the debt  |                          |  |                                   |                                  |
| ■ Other. E                              | Explain Co-signor to pay  | (for example, avoid lie  | n using 11 U.S.C. § 52   | 2(f)).                            |                                  |
| Property is (chec                       |   |                          | ■ Not claimed as exer  | mnt                               |                                  |
| - Ciumino.                              | as Exempt   |                          | - Not claimed as size  | Прс                               |                                  |
| Property No. 2                          |   |                          |  |                                   |                                  |
| Creditor's Name:<br>Chase Manhattan Mtg |   |                          | Describe Property Securing Debt:<br>two bedroom condominium, purchased 8/07; pp: \$199,000<br>Location: 485 Valentine Way, Oswego IL |                                   |                                  |
| Property will be                        | (check one):  |                          |  | -                                 |                                  |
| ☐ Surrende                              | red   | ■ Retained               |  |                                   |                                  |
| ☐ Redeem (☐ Reaffirm                    | property, I intend to (check a<br>the property<br>the debt<br>Explain <b>Debtor to continue</b> |                          | ments (for example, a  | woid lien usin                    | og 11 II S.C. 8 522(f))          |
|   |   | Hanning rogular pay      | icito (101 campio, a   | VOIG HOH GOIL                     | g 11 0.5.c. § 522(1)).           |
| Property is (chec                       |   |                          | TN-4 alaimed as ava  | · · · <b>4</b>                    |                                  |
| ■ Claimed                               | as Exempt   |                          | ☐ Not claimed as exer  | mpt                               |                                  |
|   | nal property subject to unexpl pages if necessary.)   | pired leases. (All three | columns of Part B mus  | t be complete                     | d for each unexpired lease.      |
| Property No. 1                          |   |                          |  |                                   |                                  |
| Lessor's Name:<br>-NONE-                |   | Describe Leased Pro      |  | Lease will be U.S.C. § 3650 ☐ YES | e Assumed pursuant to 11 (p)(2): |

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I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date February 11, 2009 Signature /s/ Emily Faye Wilberg
Emily Faye Wilberg

Debtor

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United States Bankruptcy Court
Northern District of Illinois

| In re       | Emily Faye Wilberg   |  | Case No   | ·   |                           |
|-------------|--|--|---|---|---------------------------|
|             |  | Debtor(s)  | Chapter   | 7   |                           |
|             | DISCLOSURE OF COMPENSA   | TION OF ATTO   | RNEY FOR I  | DEBTOR(S)   |                           |
|             | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 20 compensation paid to me within one year before the filing of be rendered on behalf of the debtor(s) in contemplation of or i   | the petition in bankrupte  | cy, or agreed to be j   | aid to me, for services rend  |                           |
|             | For legal services, I have agreed to accept  |  | \$  | 1,701.00  |                           |
|             | Prior to the filing of this statement I have received  |  | \$  | 1,701.00  |                           |
|             | Balance Due  |  | \$  | 0.00  |                           |
| 2. ′        | The source of the compensation paid to me was:   |  |   |   |                           |
|             | ■ Debtor □ Other (specify):  |  |   |   |                           |
| 3. ′        | The source of compensation to be paid to me is:  |  |   |   |                           |
|             | ■ Debtor □ Other (specify):  |  |   |   |                           |
| 4.          | ■ I have not agreed to share the above-disclosed compensation  | ion with any other person  | n unless they are me  | mhers and associates of my  | law firm                  |
|             |  |  | -   | ·   |                           |
|             | ☐ I have agreed to share the above-disclosed compensation of copy of the agreement, together with a list of the names of   |  |   |   | irm. A                    |
| ;<br>]      | In return for the above-disclosed fee, I have agreed to render la.  Analysis of the debtor's financial situation, and rendering a b.  Preparation and filing of any petition, schedules, statement c.  Representation of the debtor at the meeting of creditors and d. [Other provisions as needed]  preparing documents for filing bankruptcy ponecessary, background check, possibly verification review of income to determine CMI and DMI, advising client regarding reaffirmation agree to avoid liens in personal property | advice to the debtor in de<br>t of affairs and plan which<br>d confirmation hearing, a<br>etition and schedule<br>fication of assets, an<br>reviewing document | etermining whether<br>th may be required;<br>and any adjourned h<br>s; ordering tax tr<br>d possibly verific<br>ts with client, att | o file a petition in bankrupt<br>earings thereof;<br>anscripts, credit reports<br>ation of valuations of a<br>ending meeting of credi | s when<br>ssets,<br>tors, |
| <b>6.</b> I | By agreement with the debtor(s), the above-disclosed fee does representation in any adversary proceeding unless otherwise provided for in the Court's cases, the following professional legal service fees are paid: 1) the preparation of and prespresentation of motions to avoid judicial lien in personal property.  | unless specifically co<br>Model Retention Agr<br>ces are not included<br>centation of motion fo  | ontracted for and<br>reement mandate<br>unless specifica<br>or redemption; 2  | d to be used in Chapter<br>lly contracted for and a<br>and the preparation of   | r 13<br>dditional<br>and  |
|             | CE   | ERTIFICATION   |   |   |                           |
|             | I certify that the foregoing is a complete statement of any agree tankruptcy proceeding.   | ement or arrangement fo  | or payment to me for  | representation of the debto   | r(s) in                   |
| Dated       |  | /s/ Lorraine M. G  | Greenberg ARD   | : No :  |                           |
| Dance       |  | Lorraine M. Gree   | enberg ARDC N   |   | •                         |
|             |  | Lorraine M. Gree   |   |   |                           |
|             |  | 20 E. Jackson B<br>Suite 800   | ivu.  |   |                           |
|             |  | Chicago, IL 6060   |   |   |                           |
|             |  | 312-408-0007 F<br>Igreenberg@gre   |   |   |                           |
|             |  | .g. 55.155.g @gro  |   |   |                           |

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a joint case (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
- 2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments

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over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

- 2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.
- 3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### **Chapter 11:** Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

## **Chapter 12:** Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

## 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

#### Certificate of Attorney

| I hereby certify that I delivered to the debtor | this notice required by § 342(b) of the Bankruptcy Code | <del>2</del> .    |
|---|---|-------------------|
| Lorraine M. Greenberg ARDC No.: 03129023        | /s/ Lorraine M. Greenberg ARDC X No.:                   | February 11, 2009 |
| Printed Name of Attorney                        | Signature of Attorney                                   | Date              |
| Address:  |   |                   |
| 20 E. Jackson Blvd.                             |   |                   |
| Suite 800                                       |   |                   |
| Chicago, IL 60604                               |   |                   |
| 312-408-0007                                    |   |                   |
| greenberg@greenberglaw.net                      |   |                   |
|   | Certificate of Debtor                                   |                   |
| I (We), the debtor(s), affirm that I (we) have  |   |                   |
| Emily Faye Wilberg                              | X /s/ Emily Faye Wilberg                                | February 11, 2009 |
| Printed Name(s) of Debtor(s)                    | Signature of Debtor                                     | Date              |
| Case No. (if known)                             | X   |                   |
|   | Signature of Joint Debtor (if any)                      | Date              |
|   |   |                   |

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## United States Bankruptcy Court Northern District of Illinois

|       |  | Northern District of Illinois             |                             |                |
|-------|--|---|-----------------------------|----------------|
| In re | Emily Faye Wilberg                         |   | Case No.                    |                |
|       |  | Debtor(s)                                 | Chapter 7                   |                |
|       | VE   | ERIFICATION OF CREDITOR M                 | <b>IATRIX</b>               |                |
|       |  | Number of                                 | Creditors:                  | 39             |
|       | The above-named Debtor(s) (our) knowledge. | ) hereby verifies that the list of credit | tors is true and correct to | the best of my |
| Date: | February 11, 2009                          | /s/ Emily Faye Wilberg Emily Faye Wilberg |                             |                |

Bac / Fleet Bankcard Po Box 26012 Greensboro, NC 27420

Bank Of America P.O. Box 15128 Wilmington, DE 19850-5128

Chase - Cc Attention: Banktruptcy Department Po Box 15298 Wilmintgon, DE 19850

Chase Auto PO Box 9001083 Louisville, KY 40290

Chase Auto Finance National Bankruptcy Dept. 201 N Central Ave AZ1-1191 Phoenix, AZ 85004

Chase Cardmember Service PO Box 15548 Wilmington, DE 19886-5548

Chase Home Finance P.O. Box 78116 Phoenix, AZ 85062-8116

Chase Manhattan Attn: Bankruptcy Research Dept 3415 Vision Dr Columbus, OH 43219

Chase Manhattan Mtg G7-Pp 3415 Vision Dr. Columbus, OH 43219

Credit Collection Services Two Wells Avenue Dept 587 Newton Center, MA 02459 Creditors Collection Bureau, Inc. PO Box 63 Kankakee, IL 60901-0063

Creditors Collection Bureau, Inc. PO Box 1022 Wixom, MI 48393-1022

Credtrs Coll 755 Almar Pkwy Bourbonnais, IL 60914

Discover P.O. Box 30943 Salt Lake City, UT 84130

Discover Financial Attention: Bankruptcy Department Po Box 3025 New Albany, OH 43054

DuPage Medical Group 1860 Paysphere Circle Chicago, IL 60674

Edward Medical Group/Edward Health 3471 Eagle Way Chicago, IL 60678

Evangeline G. Guzman, M.D. S.C. 600 S Washington Street Suite 202
Naperville, IL 60540

GE Money Bank Attn: Bankruptcy Dept. PO Box 103104 Roswell, GA 30076

GE Money Bank PO Box 981127 El Paso, TX 79998-1127 Gemb/lenscrafters Po Box 981439 El Paso, TX 79998

Gemb/paypldc Po Box 981416 El Paso, TX 79998

Hsbc Best Buy Attn: Bankruptcy Po Box 6985 Bridge Water, NJ 08807

HSBC Best Buy P.O. Box 98706 Bridgewater, NJ 08807

HSBC Card Services PO Box 80084 Salinas, CA 93912-0084

ICS Inc.
PO Box 1010
Tinley Park, IL 60477-9110

Illinois Collection Se 8231 W. 185th St. Ste. 100 Tinley Park, IL 60487

Lane Bryant PO Box 84047 Columbus, GA 31993-9497

Lane Bryant Retail c/o Spirit of America National Bank PO Box 427 Milford, OH 45150

Lane Bryant Retail/soa 450 Winks Ln Bensalem, PA 19020

Nelnet Attn: Claims Po Box 17460 Denver, CO 80217

Provena Mercy Medical Center Patient Financial Services 2870 Stoner Court, Suite 300 North Liberty, IA 52317

Provena Mercy Medical Center 75 Remittance Drive Suite 1871 Chicago, IL 60675-1871

Quest Diagnostics P.O. Box 64804 Baltimore, MD 21264-4804

Quest Diagnostics 1355 Mittel Boulevard Attention: Patient Billing Wood Dale, IL 60191-1024

Revenue Cycle Partners Patient Financial Services 2870 Stoner Court, Suite 300 North Liberty, IA 52317

Riaz Baber, M.D., S. C. 1460 Bond Street, Suite 130 Naperville, IL 60563

Univesity of Illinois at Chicago Physician Group 135 S LaSalle Street, Box 3293 Chicago, IL 60674-3293

Zwicker & Associates, P.C. 80 Minuteman Road Andover, MA 01810-1031